



STATE OF LOUISIANA  
DEPARTMENT OF TRANSPORTATION AND  
DEVELOPMENT  
P.O. Box 94245  
Baton Rouge, Louisiana 70804-9245



KATHLEEN BABINEAUX BLANCO  
GOVERNOR

JOHNNY B. BRADBERRY  
SECRETARY

(This form is required and is to be completed by the appointing authority)

\_\_\_\_\_  
DATE

TO:

\_\_\_\_\_  
Employee's Name

FROM:

\_\_\_\_\_  
Appointing Authority

SUBJECT: Family and Medical Leave Notification

This is to inform you that:

1. You are  
☐ eligible for leave under the FMLA (Family and Medical Leave Act).  
☐ not eligible for leave under the FMLA (Family and Medical Leave Act). If not eligible, proceed to item #8.
2. ☐ You are being placed on family/medical leave due to the following:  
On \_\_\_\_\_, you notified us of your need to take family/medical leave due to:  
DATE  
☐ the birth of a child, or the placement of a child with you for adoption or foster care;  
☐ your own serious health condition that makes you unable to perform the essential functions for your job;  
☐ a serious health condition affecting your ☐ spouse, ☐ child, ☐ parent, for which you are needed to provide care.
3. ☐ This leave will be counted against your FMLA entitlement and will begin/began on \_\_\_\_\_ and will continue until or about \_\_\_\_\_/(not known).

Provided you comply with the below-listed conditions, you are entitled under the FMLA for up to 12 weeks of leave (480 hours) in a 12 month period for the reason indicated above. You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave.

4. ☐ You will be required to furnish a medical certification of a serious health condition. This medical certification must be provided no later than \_\_\_\_\_ or we may delay the commencement of your leave until certification is submitted. Certification forms are attached for your physician's use.
5. ☐ A FMLA certification is not required, due to the appointing authority's knowledge that the circumstances qualify for FMLA.

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A DRUG FREE WORKPLACE

ATTACHMENT 2

6. ( ) You must first use your available paid leave balances for FMLA leave. Leave Without Pay (LWOP) will only be granted after you have exhausted your paid leave (annual, sick, or straight compensatory) balances. IF LWOP will be used, and you desire to continue health insurance coverage, you must pay your portion. If you choose to discontinue benefits during this period, you are eligible for reinstatement of health insurance upon your return to work. For additional information, please contact your District Human Resources representative or Headquarters' Insurance Section at (225) 379-1641.
7. ( ) For leave due to your own serious health condition, you **may** be required to furnish your physician's verification every 30 days (following the first 6 weeks). You will be required to present a medical release (fitness-for-duty) certification prior to being restored to employment. If such certification is not received, your return to work will be delayed until such certification is provided. Certification forms are attached for your physician's use.
8. ( ) For FMLA leave due to another's serious health condition, you will be required to furnish us with periodic reports every 30 days (following the first 6 weeks), concerning your status and intent to return to work.
9. ( ) Comments regarding FMLA request, eligibility, etc.

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10. Questions regarding FMLA entitlement and rights should be directed to (225) 379-1241.

Attachment (Certification Forms)